

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		69017	1-12-01
O.I.P.E. CLASSIFIER		15	13 C1
FORMALITY REVIEW		69035	1-12-01
RESPONSE FORMALITY REVIEW		TK31	43001

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
✓ 1 ✓	
✓ 2 ✓	
✓ 3 ✓	
✓ 4 ✓	
✓ 5 ✓	
✓ 6 ✓	
✓ 7 ✓	
✓ 8 ✓	
✓ 9 ✓	
✓ 10 ✓	
✓ 11 ✓	
(12) N	
13 N	
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✓ 28 ✓	
✓ 29 ✓	
✓ 30 ✓	
✓ 31 ✓	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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